	9/781586											
							Application or Docket Number					
PATENT A	PPLICATIO Effecti	N FEE DI ive Octob		÷	ON RECOF	RD	ŀ	4403	3 (y Di	ک ک	
		FILED - PART I (Column 1) (Column 2)				LL EI	ENTITY OR		OTHER THAN SMALL ENTITY			
TOTAL CLAIMS		34				-R	ATE	FEE		RATE	FEE /	
FOR	· · · · · · · · · · · · · · · · · · ·	NUMBER	FILED.	NUMB	ER EXTRA	BAS	IC FEE	355.00	OR	BASIC FEE	7.10.00	
TOTAL CHARGEAB	LE CLAIMS	34 min	us 20=	• /	4	X	9=		OR	X\$18=	252	
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MULTIPLE DEPEND	ENT ČLÁIM PF	RESENT	,				35=	3.54		+270==		
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FORM PTO-875 (Rev. 8/00)

BEST AVAILABLE CUPY

"If the entry in column 1 is less than the ntry in column 2, write "0" in column 3.
"If the "Highest Number Previously Paid Fir" IN THIS SPACE is less than 20, enter "20."

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independ int) is the highest number in found in the appropriate box in column 1.

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OR

+270=

OR ADDIT. FEE

+135=